

STATE OF COLORADO
OFFICE OF ADMINISTRATIVE COURTS

633 17th Street, Suite 1300, Denver, CO 80203 Fax: (303) 866-5909
1259 Lake Plaza Drive, Suite 210, Colo. Springs, CO 80906 Fax: (719) 576-5978
222 S. 6th Street, Suite 414, Grand Jct., CO 81501 Fax: (970) 248-7341

Claimant,

vs.

Employer, and

Respondent.

▲ **COURT USE ONLY** ▲

WC NUMBER:

DATE OF INJURY:

APPLICATION FOR HEARING AND NOTICE TO SET

A. Application for Hearing: Filed by or for _____ (Print Name of Party)

It is requested that this matter be set for hearing in (check one): Alamosa Colorado Springs
Denver Durango Ft. Collins Glenwood Spgs Grand Jct. Greeley Pueblo

Check here to certify that you have attempted to resolve with the other parties all issues listed on the application for hearing (Section 8-43-211(2)(e), C.R.S.)

The following issues shall be considered at the hearing:

Compensability

Medical Benefits

Authorized provider

Reasonably necessary

Average Weekly Wage

Petition to Reopen Claim

Disfigurement

Temporary Total Benefits from

_____ to _____

Temporary Partial Benefits from

_____ to _____

Permanent Partial Disability Benefits

Permanent Total Disability Benefits

Death Benefits

Penalties: Describe with specificity the grounds on which a penalty is asserted, including the order, rule or section of the statute allegedly violated, and the dates on which you claim the violation began and ended.

Other issues to be heard at this hearing are (such as maximum medical improvement, termination of benefits, etc):

Witnesses to be called at the hearing or by deposition: List names and addresses:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

(Attach additional pages if necessary)

B. Request for the OAC to Set the Matter for Hearing (Rule 8(H) OACRP):

If you are not represented by an attorney and would like the Office of Administrative Courts to set this case for you, please check here: _____ Do not fill out Section C. Complete Sections D and E.

C. Notice to Set (Rule 8(F) OACRP):

A setting date shall be on a Tuesday, Wednesday, or Thursday, between the hours of 8:00 am to 12:00 noon or 1:00 pm to 3:00 pm, at least ten days and no more than twenty days after this **APPLICATION FOR HEARING AND NOTICE TO SET** has been mailed.

The undersigned will contact the Office of Administrative Courts, on the _____ day of _____ 20____; at _____ : _____ .M., to set this matter for hearing. Other parties will be called by the undersigned to confirm a date. Personnel authorized to confirm settings should be available with a calendar at that time.

Denver at <http://www.colorado.gov/dpa/oac/WCSet.htm>, or (303) 866-2000, for hearings to be held in Denver, Greeley and Fort Collins, or in Colorado Springs, Pueblo, and Alamosa, or Grand Junction at (970) 248-7340, for hearing to be held in Grand Junction, Durango, and Glenwood Springs,

D. Signature:

X

Signature

Street Address

Print/Type Name

City, State, Zip Code

Attorney Registration Number

Phone Number

Fax Number
(Optional)

Date

E-Mail Address (Optional)

E: Certificate of Mailing

I hereby certify that I mailed or delivered the original of the Application for Hearing and Notice to Set to:

Office of Administrative Courts
633 17th Street, Suite 1300
Denver, CO 80202

Office of Administrative Courts
1259 Lake Plaza Dr., Suite 210
Colorado Springs, CO 80906

Office of Administrative Courts
222 South 6th Street, Suite 414
Grand Junction, CO 81501

And copies to all parties at the addresses shown below: (A claimant must provide a copy to the employer and the insurer, or their attorney.)

Claimant/Respondent or their Representative: _____

Employer or their Representative: _____

Other: _____

Signature

Date Mailed

REV 05/06